

# **EXHIBIT B**

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLAIM	
Name of Debtor <i>USA COLLECTIVE 401274+45 COMPANY</i>	Case Number <i>06-10725-LBR</i>	
<p><b>NOTE:</b> See Reverse for List of Debtors and Case Numbers          This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</p>		
Name of Creditor and Address <i>PANAGIOTIS DIMITRIOS &amp; DIIMITRIS DIMITRIOS 14 KIMONOS STREET GYESA 1 ATHENS, 16674 GREECE</i>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court	
Creditor Telephone Number <i>011-30210-9622826</i>	<b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.</b> <small>If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again</small> <b>THIS SPACE IS FOR COURT USE ONLY</b>	
Last four digits of account or other number by which creditor identifies debtor <i>4041</i>	Check here if this claim <input type="checkbox"/>	replaces or <input type="checkbox"/> amends a previously filed claim dated _____
<b>1 BASIS FOR CLAIM</b>	<input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages salaries and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances) <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly)      Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date)      (date)	
<b>2 DATE DEBT WAS INCURRED</b>	<b>3 IF COURT JUDGMENT DATE OBTAINED</b>	
<b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed <small>See reverse side for important explanations</small>		
<b>UNSECURED NONPRIORITY CLAIM \$</b> <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority		
<b>SECURED CLAIM</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Value of Collateral      \$ <i>30,000.00</i> Amount of arrearage and other charges at time case filed included in secured claim if any      \$ _____		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)		
<b>5 TOTAL AMOUNT OF CLAIM</b>	\$ <i>30,000.00</i>	\$ <i>30,000.00</i>
AT TIME CASE FILED	(unsecured)	(secured)      (priority)      (Total)
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges		
<b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim		
<b>7 SUPPORTING DOCUMENTS</b> <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary		
<b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm prevailing Pacific time or November 12, 2004, for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).		<b>THIS SPACE FOR COURT USE ONLY</b>
<b>BY MAIL TO</b> BMC Group Attn: U.S. Clm. Id. I. 1330 East Franklin Ave. El Segundo, CA 90245		<b>FILED NOV 29 2006</b>
DATE <i>11/21/06</i>	<b>SIGN</b> and print the name and title if any, of the creditor or other person authorized to file this claim. Attach copy of power of attorney if any <i>John Mandis</i>	

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 AND 3571

USA CMC  
  
 1072501503

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM	
Name of Debtor <b>USA COMMERCIAL MORTGAGE COMPANY</b>	Case Number <b>06-10725-LBR</b>		
<p><b>NOTE</b> See Reverse for List of Debtors and Case Numbers          This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503</p>			
Name of Creditor and Address <b>PANAGIOTIS DIMITRIOS &amp; DIMITRA DOVANI DOVANI JTWROS 14 MINONON ST GLYFADA ATHENS, 16674 Greece</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court		
Creditor Telephone Number ( <b>001-30210-9622926</b> )	<b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS</b> <small>If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again</small> <b>THIS SPACE IS FOR COURT USE ONLY</b>		
Last four digits of account or other number by which creditor identifies debtor <b>4041</b>	Check here <input type="checkbox"/> replaces <small>if this claim</small> <input type="checkbox"/> or <small>amends</small> a previously filed claim dated _____		
<b>1 BASIS FOR CLAIM</b>	<input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances) <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) <input type="checkbox"/> Unpaid compensation for services performed from _____ to _____ <small>(date) (date)</small>		
<b>2 DATE DEBT WAS INCURRED</b>	<b>3 IF COURT JUDGMENT, DATE OBTAINED</b>		
<b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed <small>See reverse side for important explanations</small>			
<b>UNSECURED NONPRIORITY CLAIM \$</b> <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority			
<b>SECURED CLAIM</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) <b>Brief description of collateral</b> <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ <b>Value of Collateral</b> \$ <b>30,000.00</b> <b>Amount of arrearage and other charges at time case filed included in secured claim if any</b> \$ _____			
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)			
<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family or household use 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) (_____) <small>Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</small>			
<b>5 TOTAL AMOUNT OF CLAIM</b>	\$ <b>50,000.00</b>	\$ <b>50,000.00</b>	\$ <b>50,000.00</b>
(unsecured)		(secured)	(priority)
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges			
<b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim			
<b>7 SUPPORTING DOCUMENTS</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary			
<b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim			
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm prevailing Pacific time on November 1, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). <b>BY MAIL TO</b> BMC Group Attn: USA Civil Litigation 1330 East Franklin Avenue El Segundo, CA 90247			<b>THIS SPACE FOR COURT USE ONLY</b>
DATE <b>11/21/06</b>		<b>SIGN</b> and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) <b>Dimitris Dovani</b>	
<small>Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3571</small>			
		<b>FILED NOV 29 2006</b> 	

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USA CMC

1072501504

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM	
Name of Debtor <i>USA COMMERCIAL MORTGAGE COMPANY</i>	Case Number <i>06-10725-LBR</i>		
<p><b>NOTE</b> See Reverse for List of Debtors and Case Numbers          This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</p>			
<b>Name of Creditor and Address</b> <i>PANAGIOTIS DOVANI/DJ &amp; DIMITRA DOVANI, DOLY JEWROS 44 MICHON ST SKYFADA ATHENS, 166 74 GREECE</i> <b>Creditor Telephone Number</b> <i>(011-30210-9622826</i> <b>Last four digits of account or other number by which creditor identifies debtor</b> <i>4041</i>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court	
<b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS</b> If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again <b>THIS SPACE IS FOR COURT USE ONLY</b>			
<b>1 BASIS FOR CLAIM</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages salaries and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances) <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) <input type="checkbox"/> amends a previously filed claim dated _____ <input type="checkbox"/> _____		<b>Check here if this claim replaces _____ or amends _____ a previously filed claim dated _____</b>	
<b>2 DATE DEBT WAS INCURRED</b>		<b>3 IF COURT JUDGMENT, DATE OBTAINED</b>	
<b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations			
<b>UNSECURED NONPRIORITY CLAIM \$</b> <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority		<b>SECURED CLAIM</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) <b>Brief description of collateral</b> <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ <b>Value of Collateral</b> \$ <i>50,000.00</i> <b>Amount of arrearage and other charges at time case filed included in secured claim if any</b> \$ _____	
<input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)		<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal family or household use 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) (_____) <i>Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</i>	
<b>5 TOTAL AMOUNT OF CLAIM \$</b> <b>AT TIME CASE FILED</b> \$ <i>30,000.00</i> (unsecured)		<b>\$</b> <i>30,000.00</i> <b>\$</b> <i>30,000.00</i> (secured)      (priority)      (Total)	
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges			
<b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim			
<b>7 SUPPORTING DOCUMENTS</b> <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary			
<b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim			
The original of this completed proof of claim form must be sent by mail or hand delivered (IF YES NOT ACCEPTED) so that it is actually received on or before 5:00 pm prevailing Pacific time on November 1, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). <b>BY MAIL TO</b> BMC Group <i>ATTN: J. A. C. T. I. 1330 East Franklin El Segundo, CA 90245</i>			<b>THIS SPACE FOR COURT USE ONLY</b> <b>FILED NOV 29 2006</b>
<b>DATE</b> <i>11/21/06</i>	<b>SIGN</b> and print the name and title of any creditor or other person authorized to file this claim (attach copy of power of attorney if any) <i>D. Donovick</i>		

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3571

USA CMC



UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLAIM
Name of Debtor <b>USA COMMERCIAL MORTGAGE COMPANY</b>	Case Number <b>06-10725-LBR</b>
<p><b>NOTE</b> See Reverse for List of Debtors and Case Numbers          This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503</p>	
Name of Creditor and Address <b>PANAGIOTIS DOVANIDIS &amp; DIMITRA DOVANIDIS JTWROS 14 MIKINON 1<sup>st</sup> GLYFADA ATTEN 16674 GR 10656</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court
<b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS</b> <small>If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again</small> <b>THIS SPACE IS FOR COURT USE ONLY</b>	
Creditor Telephone Number ( ) <b>011-30210-9622426</b>	Check here if this claim replaces or amends a previously filed claim dated _____
Last four digits of account or other number by which creditor identifies debtor <b>4041</b>	Check here if this claim replaces or amends a previously filed claim dated _____
<b>1 BASIS FOR CLAIM</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages salaries and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances) <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly)      Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date)      (date)	
<b>2 DATE DEBT WAS INCURRED</b> <b>3 IF COURT JUDGMENT, DATE OBTAINED</b>	
<b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed <small>See reverse side for important explanations</small>	
<b>UNSECURED NONPRIORITY CLAIM \$</b> <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority	
<b>SECURED CLAIM</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral <b>\$ 50,000.00</b> Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____	
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)	
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<b>5 TOTAL AMOUNT OF CLAIM \$</b> <b>\$ 30,000.00</b> <b>\$ 50,000.00</b> AT TIME CASE FILED      (unsecured)      (secured)      (priority)      (Total)	
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges	
<b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim	
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<b>BY MAIL TO</b> BMC Group P.O. Box 911 El Segundo, CA 90243	
<b>BY HAND OR OVERNIGHT DELIVERY TO</b> BMC Group Attn: USAI, A.C. of I.R. 1330 East Franklin Avenue El Segundo, CA 90243	
<b>THIS SPACE FOR COURT USE ONLY</b> <b>FILED NOV 29 2006</b>	
DATE <b>11/21/06</b>	SIGN and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)  <i>Dimitra</i>

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3571

USA CMC  
  
 1072501506

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLAIM												
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<p><b>Name of Creditor and Address</b>  <b>PANAGIOTIS DOLIANIDIS + MIMI TRA DOVANIODOU JYROS 14 MIKINOU ST. GLYFAOA ATHENS, 16645 GREECE</b>  <b>30240 - 9622426</b></p>													
<p>Creditor Telephone Number ( ) <b>011- 9622426</b></p>													
<p>Last four digits of account or other number by which creditor identifies debtor <b>4041</b></p>													
<p><b>1 BASIS FOR CLAIM</b></p> <table> <tr> <td><input type="checkbox"/> Goods sold</td> <td><input type="checkbox"/> Personal injury/wrongful death</td> <td><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)</td> <td><input type="checkbox"/> Unremitted principal</td> </tr> <tr> <td><input type="checkbox"/> Services performed</td> <td><input type="checkbox"/> Taxes</td> <td><input type="checkbox"/> Wages salaries and compensation (fill out below)</td> <td><input type="checkbox"/> Other claims against servicer (not for loan balances)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Money loaned</td> <td><input type="checkbox"/> Other (describe briefly)</td> <td>Last four digits of your SS # _____</td> <td>Unpaid compensation for services performed from _____ to _____ (date) (date)</td> </tr> </table>		<input type="checkbox"/> Goods sold	<input type="checkbox"/> Personal injury/wrongful death	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)	<input type="checkbox"/> Unremitted principal	<input type="checkbox"/> Services performed	<input type="checkbox"/> Taxes	<input type="checkbox"/> Wages salaries and compensation (fill out below)	<input type="checkbox"/> Other claims against servicer (not for loan balances)	<input checked="" type="checkbox"/> Money loaned	<input type="checkbox"/> Other (describe briefly)	Last four digits of your SS # _____	Unpaid compensation for services performed from _____ to _____ (date) (date)
<input type="checkbox"/> Goods sold	<input type="checkbox"/> Personal injury/wrongful death	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)	<input type="checkbox"/> Unremitted principal										
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<p><b>UNSECURED NONPRIORITY CLAIM \$</b></p> <p><input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority</p> <p><b>UNSECURED PRIORITY CLAIM</b></p> <p><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority          Amount entitled to priority \$ _____          Specify the priority of the claim  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  <input type="checkbox"/> Wages salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)  <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)</p>													
<p><b>SECURED CLAIM</b>  <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff)          Brief description of collateral  <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____          Value of Collateral \$ <b>30,000.00</b>          Amount of arrearage and other charges <u>at time case filed</u> included in secured claim if any \$ _____</p>													
<p><input type="checkbox"/> Up to \$2,225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U.S.C. § 507(a)(7)  <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8)  <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) (_____          Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</p>													
<p><b>5 TOTAL AMOUNT OF CLAIM \$</b> <b>\$ 30,000.00</b> <b>\$</b> <b>\$ 30,000.00</b>          AT TIME CASE FILED (unsecured) (secured) (priority) (Total)</p>													
<p><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges</p>													
<p><b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim</p>													
<p><b>7 SUPPORTING DOCUMENTS</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary</p>													
<p><b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim</p>													
<p>The original of this completed proof of claim form must be sent by mail or hand delivered PAYES NOT ACCEPTED so that it is actually received on or before 5:00 pm prevailing Pacific time or November 1<sup>st</sup>, 2016 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)</p>													
<p><b>BY MAIL TO</b>          BMC Group          Attn: USACL-11-S          1330 East Franklin Avenue          El Segundo, CA 90247</p>													
<p><b>THIS SPACE FOR COURT USE ONLY</b></p>													
<p><b>FILED NOV 29 2006</b></p>													
DATE <b>11/21/06</b>	SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)  <b>Panagiotis Dolianidis</b>												
<p>Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3571</p>													
<p>USA CMC            1072501507</p>													



UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM	
Name of Debtor <b>USA COMMERCIAL MORTGAGE Co</b>	Case Number <b>06-10725-LBR</b>		
<p><b>NOTE</b> See Reverse for List of Debtors and Case Numbers          This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request* for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503</p>			
<p><input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars</p> <p><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case</p> <p><input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court</p> <p><b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS</b></p> <p>If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again</p> <p><b>THIS SPACE IS FOR COURT USE ONLY</b></p>			
Name of Creditor and Address <b>PANAGIOTIS DOVANI DIS &amp; DIMITRA DOVANI, DOU JEWADS 14 MIKINON ST GLYFADA ATHENS, 16675 GREECE</b>		Creditor Telephone Number ( ) <b>011-30210-9622426</b>	
Last four digits of account or other number by which creditor identifies debtor <b>4041</b>		<p>Check here <input type="checkbox"/> replaces a previously filed claim dated _____  <input type="checkbox"/> or  <input type="checkbox"/> amends</p>	
<b>1 BASIS FOR CLAIM</b> <p><input type="checkbox"/> Goods sold      <input type="checkbox"/> Personal injury/wrongful death  <input type="checkbox"/> Services performed      <input type="checkbox"/> Taxes  <input checked="" type="checkbox"/> Money loaned      <input type="checkbox"/> Other (describe briefly) _____</p>		<p><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)      <input type="checkbox"/> Unremitted principal  <input type="checkbox"/> Wages, salaries and compensation (fill out below)      <input type="checkbox"/> Other claims against servicer (not for loan balances)          Last four digits of your SS # _____          Unpaid compensation for services performed from _____ to _____          (date)      (date)</p>	
<b>2 DATE DEBT WAS INCURRED</b>		<b>3 IF COURT JUDGMENT, DATE OBTAINED</b>	
<b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations			
<b>UNSECURED NONPRIORITY CLAIM \$</b> <p><input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority</p> <p><b>UNSECURED PRIORITY CLAIM</b></p> <p><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority          Amount entitled to priority \$ _____          Specify the priority of the claim  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)  <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)</p>			
<p><b>SECURED CLAIM</b></p> <p><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff)          Brief description of collateral  <input checked="" type="checkbox"/> Real Estate      <input type="checkbox"/> Motor Vehicle      <input type="checkbox"/> Other _____          Value of Collateral \$ <b>50,000.00</b>          Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____</p> <p><input type="checkbox"/> Up to \$2,225 of deposits toward purchase, lease or rental of property or services for personal family or household use 11 U.S.C. § 507(a)(7)  <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8)  <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) (_____)          * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</p>			
<b>5 TOTAL AMOUNT OF CLAIM \$</b> <b>AT TIME CASE FILED</b>		\$ <b>30,000.00</b> \$ <b>30,000.00</b>	
		(unsecured)	(secured)
		(priority)	(Total)
<p><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges</p>			
<b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim			
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The original of this completed proof of claim form must be sent by mail or hand delivered if it is not ACCEPTED so that it is actually received on or before 5:00 pm prevailing Pacific time or November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)			<b>THIS SPACE FOR COURT USE ONLY</b>
<b>BY MAIL TO</b> PMC Court 11 U.S.C. § 501 1300 East Franklin Street El Segundo, CA 90245 Filed Nov 29, 2006		<b>BY HAND OR OVERNIGHT DELIVERY TO</b> BMC Group Attn: USAI - 1st arr. 1300 East Franklin Street El Segundo, CA 90245 <b>FILED NOV 29 2006</b>	
<b>DATE</b> <b>11/21/06</b>	<b>SIGN</b> and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) <b>Dimitris Dovani</b>		

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3571

USA CMC  
1072501509

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLAIM												
Name of Debtor <b>USA COMMERCIAL MORTGAGE CO</b>	Case Number <b>06-10725-LB</b>												
<p><b>NOTE</b> See Reverse for List of Debtors and Case Numbers          This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request* for payment of an administrative expense may be filed pursuant to 11 U S C § 503</p>													
<p><b>Name of Creditor and Address</b>  <b>PANAGIOTIS DOVANIDIS + DIMITRA DOVANIDOU JTWROS 14 MIKINOU ST. GLYFADA ATHENS, 166175 GREECE</b></p>													
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<p><b>2 DATE DEBT WAS INCURRED</b></p> <p><b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed          See reverse side for important explanations</p>													
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USA CMC



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